

# Riverbend

**RIVERBEND PROPERTY OWNERS ASSOCIATION, INC**  
**c/o COASTAL COMMUNITY ASSOCIATION MANAGEMENT**  
**909 SE CENTRAL PARKWAY**  
**STUART, FL 34994**  
**Phone (772) 286-0030 Fax (772) 286-0250**

## APPLICATION FOR SALE OR LEASE

COMPLETED APPLICATION

APPLICATION PROCESSING FEE: \$100.00  
BACKGROUND FEE: \$75.00

CHECK OR MONEY ORDER MADE PAYABLE TO  
RIVERBEND POA

COPY OF SALES OR LEASE CONTRACT REQUIRED

IF ASSOCIATION DOCUMENTS ARE NEEDED, THEY CAN BE PURCHASED  
BY CONTACTING COASTAL MANAGEMENT OR ONLINE AT  
[www.coastalstheone.com](http://www.coastalstheone.com)

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**SALES/LEASE APPLICATION**

Address: \_\_\_\_\_

Lot No.: \_\_\_\_\_ Unit Owner: \_\_\_\_\_

Proposed Occupancy or Closing Date: \_\_\_\_\_

**Applicant Information:**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Driver's License No.: \_\_\_\_\_ Phone No.: \_\_\_\_\_

Spouse or Other Occupant: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Driver's License No.: \_\_\_\_\_ Phone No.: \_\_\_\_\_

**(ATTACH A COPY OF A DRIVER'S LICENSE FOR ALL OCCUPANTS)**

Number of people who will occupy unit: **Adults:** \_\_\_\_\_ **Children:** \_\_\_\_\_

Description of Pets, if any:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Residence History:**

Current Address: \_\_\_\_\_

Current Phone No.: \_\_\_\_\_

Landlord / Mortgage Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone No.: \_\_\_\_\_

**List previous address if less than three (3) years at current one:**

Previous Address: \_\_\_\_\_

Landlord / Mortgage Name: \_\_\_\_\_

Phone No.: \_\_\_\_\_

**Employment and Financial References:**

Applicant's Employer or Last Employer: \_\_\_\_\_

Phone No.: \_\_\_\_\_

Employer's Address: \_\_\_\_\_

Length of Time Employed: \_\_\_\_\_ Salary: \_\_\_\_\_

Applicant's Title / Position: \_\_\_\_\_

**If retired, please state the company's name and address retired from and date retired:**

\_\_\_\_\_  
\_\_\_\_\_

Spouses or Other Occupant's Employer or Last Employer: \_\_\_\_\_

Phone No.: \_\_\_\_\_

Employer's Address: \_\_\_\_\_

Length of Time Employed: \_\_\_\_\_ Salary: \_\_\_\_\_

Applicant's Title / Position: \_\_\_\_\_

**If retired, please state the company's name and address retired from and date retired:**

\_\_\_\_\_  
\_\_\_\_\_

**Personal References:**

Name: \_\_\_\_\_ Phone No.: \_\_\_\_\_

Address: \_\_\_\_\_

Relationship to Applicant / Spouse or Other Applicant: \_\_\_\_\_

Name: \_\_\_\_\_ Phone No.: \_\_\_\_\_

Address: \_\_\_\_\_

Relationship to Applicant / Spouse or Other Applicant: \_\_\_\_\_

**Other people who will occupy the unit with you:**

<u>Name</u>	<u>Age</u>	<u>Relationship</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Vehicle Identification:**

Number of Vehicles: \_\_\_\_\_

1.) Make: \_\_\_\_\_ Model: \_\_\_\_\_ Year: \_\_\_\_\_ Lic. No.: \_\_\_\_\_

2.) Make: \_\_\_\_\_ Model: \_\_\_\_\_ Year: \_\_\_\_\_ Lic. No.: \_\_\_\_\_

**Emergency Contact:**

In case of Emergency, Notify: \_\_\_\_\_

Phone No.: \_\_\_\_\_ Relationship: \_\_\_\_\_

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

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## CONSENT FOR CRIMINAL BACKGROUND CHECK

I/We \_\_\_\_\_

Hereby authorize Riverbend Property Owners Association, Inc. to perform (or have performed) a criminal background check on me/us as part of the Association's review of my/our application.

\_\_\_\_\_  
Printed Name of Applicant

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant's Social Security Number

\_\_\_\_\_  
Applicant's Date of Birth

\_\_\_\_\_  
Printed Name of Co-Applicant

\_\_\_\_\_  
Signature of Co-Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-Applicant's Social Security Number

\_\_\_\_\_  
Co-Applicant's Date of Birth

\_\_\_\_\_  
Contact Phone Number – Daytime

\_\_\_\_\_  
Contact Phone Number - Evening